

BP-8 Response attachment

Name: ALLEN, A.


Reg. #: 40428-053

Date: 09-22-2004

Concern: DENTAL CARE

In your attached concern, you state that after being seen by the dentist for intense pain in your front tooth, you were told that the necessary procedure would be extraction, to which you are in question of.

Upon speaking with Dr. Collins (FCI McKean dentist) today, I was informed that the tooth in mention is abscessed, and that extraction of that tooth is the only means available to alleviate the pain. If this were performed, he would create a "partial" to fill in for the extracted tooth, along with the other missing teeth you already have. The reason for the partial is to prevent the other teeth from "drifting". Root-canals are not routine practice for these types of infections. Any further clarification should be directed to Dr. Collins at sick call.

R. Falvo 
Unit CA Counselor
09-22-2004

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical department Drs.	DATE: 9-20-04
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unicar	UNIT: CA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day this is my second request asking about
The result of my blood Cholesterol Test which were taken
about Five (5) or so weeks ago. Thank you very much
for your earliest response.

(Do not write below this line)

DISPOSITION:

See attached
(1)

Signature Staff Member FBI McKean T. McKean	Date 9/22/04
---	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>1/15/04</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>N/A</i>	UNIT: <i>1-3</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, I would like to have a copy of my full medical including my operation and all the blood test, purposes and results.

Thank you very much also hoping for your earliest reply.

Medical Center for Federal Prisoners
MEDICAL RECORDS

JAN 21 2004

(Do not write below this line)

SENSITIVE - LIMITED OFFICIAL USE
The attached copies are subject to Privacy Act/FOIA screening and are considered SENSITIVE

DISPOSITION:

RECEIVED

Attached are copies as requested, excluding HIV results. These copies include: Labs 12-29-03 to 12-22-03; Surgical Consultation 12-23-03; Operation Report 01-09-04. Total of 9 pages copied.

Signature Staff Member <i>C. Hendon RHIT</i> C. Hendon, RHIT, Medical Records Administration Specialist	Date: <i>01-28-04</i>
---	--------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

Date: 11/11/03

Unit: C 01

To: Allen

Reg. #: 40428-053

Your case has been reviewed by our Utilization Review Committee and the decision was:

You have been approved for the repair of your hernia. A request for final approval has been sent to the Central Office.

TO: (Name and Title of Staff Member) <i>Dr's or PA's</i>	DATE: <i>11-3-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unit</i>	UNIT: <i>C-A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, I request to get the blood test that I took at Bradford hospital on the 11-1-03 between 9, 10 o'clock PM -

Thank you very much

(Do not write below this line)

DISPOSITION:

Please request at a later date. Nothing has been received yet.

FCI McKean

Signature Staff Member

[Signature]

Date *11/3/03*

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 94
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>Dentist</i>	DATE: <i>5-15-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unicor</i>	UNIT: <i>CVA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Good day Concerning our last meeting my
Teeth were clean on 4-28-03 you also inspect my
Teeth and you say that a few have cavity so I
am asking you for your earliest date for
such fixing.
Thank you very much.*

(Do not write below this line)

DISPOSITION:

*Please continue to watch the call
outs. We will get you in as soon
as possible.*

Signature Staff Member <i>J. Batista</i>	Date <i>5-16-03</i>
---	------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 88
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) Mr Beam	DATE: 5-15-03
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Unit or	UNIT: C/A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day Sir: I am Asking You For your
earliest date to have A discussion concerning
my health. - A very important
Thank You very much

(Do not write below this line)

DISPOSITION:

Let's try for 6/23/03 @
1230
watch the callouts

Signature Staff Member [Signature]	Date 5/15/03
---------------------------------------	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated 1st 88
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) <i>Dentist</i>	DATE: <i>03 APR 28 4:28-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428053</i>
WORK ASSIGNMENT: <i>Unicorn</i>	UNIT: <i>C.A</i>

SUBJECT: Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

*I would like to get My Teeth
Clean*

Thank you very much

(Do not write below this line)

DISPOSITION:

*Your name has been added to the
dental waiting list. Please watch
the call-outs.*

Thank-you

Signature Staff Member <i>J. L. Colvin, CDA</i> <i>J. Colvin DA</i> FCI McKean	Date <i>4/29/03</i>
--	------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct '96
and BP-S148.070 APR 94



TO: (Name and Title of Staff Member) Mr. Dentist	DATE: HEALTH SVR 02 NOV 25 11-25-2002
FROM: Anthony Allen	REGISTER NO.: 40425-053
WORK ASSIGNMENT: UNV	UNIT: C.A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, This is my third cop-out to you since last month complaining about the braking out of my filling which we spoke about over 18 months ago. And it hurt whenever I eat or drink anything cold, so please I am asking for your help.

Thank you, hoping for your earliest reply.

(Do not write below this line)

DISPOSITION:

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



Ultimate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS:

You must fill out this form completely, numbers 1-9:

(Debe de llenar este formulario completamente, numeros 1-9.)

1. Name: Allen
(Nombre)
2. Reg. Number: 404 28-053
(Numero de Registro)
3. Date: 10/28-2002
(Fecha)
4. Housing unit and Unit Team: CW TEAM: A B C D
(Unidad y equipo de la unidad)
5. Complaint. What is your problem?
(Queja). (Cual es su problema?)
6. How long have you had this problem?
(Durante cuanto tiempo ha tenido este problema?)
Days 3 Months 3 Years 1
Dias (Meses) (Anos)
7. Are you on any medication(s) at present? Yes No ✓
(Esta usted tomando alguna(s) medicinas actualmente?)
8. Have you purchased Over-the-Counter Medications from Commissary?
(Ha comprado medicinas non-prescripcion en la Comisaria?)
Yes No
9. Signature Orlino Allen
(Firma)

TO BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:

10. Date Seen: 12/09/02
11. Time Seen: 11:30 AM
12. Subjective: Perforated eardrum
13. Objective: Temp. Pulse Respirations B/P
13. Appointment Date: Appointment Time
14. Triage Personnel's Signature: [Signature]

N. Mental

12/9/02

at 10:30 am

TO: (Name and Title of Staff Member) Dentist	DATE: 10/28/02
FROM: Anthony Allen	REGISTER NO.: 404 28-053
WORK ASSIGNMENT: Unice	UNIT: C-A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, this is my second capcut to you
concerning the the broke-away of my tooth
its either the filling on the tooth it's in damage.
Thank you very much for your
earliest reply.

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 94
and BP-S148.070 APR 94



BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE

10/16/2002

TO:

Mr Dentist

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

My Filling drops out And I would like for it to be replace, I Also put in A cap-out for cleaning about 2yrs Ago And I Am still # 73.

Thank you
For your help

(Use other side of page if more space is needed)

NAME:

Anthony Allen

NO:

40428-053

WORK ASSIGNMENT:

Unicor

UNIT:

C.A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION:

Do not write in this space)

DATE

TO: (Name and Title of Staff Member) <i>Dr. Beem</i>	DATE: <i>10/25/2002</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>404 28-053</i>
WORK ASSIGNMENT: <i>Reviewer</i>	UNIT: <i>C.A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day sir, I would like to get some gas pills or liquid because the commissary does not sell anything for gas relief, if that should be of any problem please make an appointment for me to explain my situation with you.
Thank you very much, hoping for your earliest reply

(Do not write below this line)

DISPOSITION:

* Pick up med at pill issue
10/30 or 10/31

Signature Staff Member <i>[Signature]</i>	Date <i>10/26/02</i>
--	-------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 94
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <u>Hospital</u>	DATE: <u>7/1/2002</u>
FROM: <u>Anthony Allen</u>	REGISTER NO.: <u>40428-053</u>
WORK ASSIGNMENT: <u>Service</u>	UNIT: <u>CA</u>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Our failure to be specific may result in no action being taken. If necessary, you will interview or respond to your request.)

Good day, I would like to get my blood
cholesterol level check, as soon as its possible
for you.

Thank you very much

not late low s line)

DISPOSITION:

Please Make a sick call appointment

Herbert Beam 7/2/02
 Signature Staff Member Date

H. BEAM, MD
 FCI MCKEAN

Record Copy - File (This form may be)
 Copy Inmate (This form may be)
 This form replaces BP-148.070 dated
 and -S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mr. Oslow</i>	DATE: <i>4/8/2002</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unicer</i>	UNIT: <i>C.A</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, in my medical records you stated that I can't work in the kitchen because I have been expose to T.B - Tuberculosis it have been (9) years now and all the test that I have taken are negative so please I am asking you to take such report from my medical Jacket. Thank you very much Mr. Oslow, also waiting your earliest reply.

(Do not write below this line)

DISPOSITION:

I will discontinue this restriction

FCI McKean

Signature Staff Member



Date

4/10/02

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated
and BP-S148.070 APR 94



BP-S148.055 INMATE REQ. TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Donis or PA's</i>	DATE: <i>12-2-03</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428-053</i>
WORK ASSIGNMENT: <i>Unit 10</i>	UNIT: <i>CA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, On November 1, I went to the hospital in Brad-
ford. A few sample of my blood were taken, so I'm asking
for the result it's my second request. Thank you very
much for your earliest reply.

(Do not write below this line)

DISPOSITION:

Please request at a
later date. Not returned
from outside yet.

FCI McLean

Signature Staff Member <i>J. P. [Signature]</i>	Date <i>12/3/03</i>
--	---------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dentist	DATE: 11-29-2001
FROM: Anthony Allen	REGISTER NO. 40428-053
WORK ASSIGNMENT: unicor	UNIT: C.A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, last year late september i got my teeth fill, i did not get them clean on that same day i put in a cop-out for that reason, while waiting for so long i decide to go and speak with a staff at the hospital on the 11-27-2001 she told me that i was not on the list. I would like to be on the list and get my tooth clean as soon as posible. Thank you very much.

(Do not write below this line)

DISPOSITION:

Your name has been added to the waiting list. Please watch the call-outs.

FCI McKean

Signature Staff Member D. Tanner, HZ7 D. Tanner, HWT	Date 12-4-01
---	-----------------

Record Copy - File; Copy - Inmate

(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Records</i>	DATE: <i>8/30/201</i>
FROM: <i>Anthony Allen</i>	REGISTER NO.: <i>40428053</i>
WORK ASSIGNMENT: <i>Unit</i>	UNIT: <i>CI</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I have been here for over 7 years now and I would like to get a biannual physical exam. As soon as possible.

Thank you

(Do not write below this line)

DISPOSITION:

*You will be scheduled.
Watch the call-out.*

FCI McKean

Signature Staff Member <i>J. Retwji</i>	Date <i>9/4/01</i>
--	-----------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Doctor that test blood Hospital	DATE: 8-22-01
FROM: Anthony Allen	REGISTER NO.: 40428-053
WORK ASSIGNMENT: Inmate	UNIT: C A

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Good day, I would like my blood to be tested for
all the possible disease that can be check by blood. I'm
not sick. Thank you very much hoping for your earliest reply

(Do not write below this line)

DISPOSITION:

Please Make a sick call appointment

FCI McKean

Signature Staff Member D. Olson, MD Clinical Director	Date 8/28/01
---	-----------------

Record Copy - File; Copy - Inmate
This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

U. S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBERDATE: Apr 25 2000TO: Hospital

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give Details).

Good day I have request a blood test
And were told to look at the call-out,
please look at attach copy. Thank you for your
earliest reply.

Name: Anthony AllenNo: 40428-053Work Assignment: ClinicalUnit: CIA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: 10/26/81

You will be scheduled.
A.O. Physicals are being
done first. Watch
the call-out.

T. P. Mckean
Officer

Original-File
Canary-Inmate

FCI Mckean

FCI Mckean

Previously BP-Admin-70

BP-148 (70)
July 1999

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE

11/3/99

TO:

MS. Rymer Hospital R.W.

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Good day, I would like to send for my glasses from the optical, so I'm asking for your permission at the earliest time. Thank you very much.

Prism Optical, Inc.

P.O. Box 680030

10992 NW 7th Ave.

N. Miami, Florida 33168

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.:

40428053

Work assignment:

UNICOR

Unit:

CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

11/10/99

The form has been completed & sent to the Mail Room.

C. Rymer, RN

Officer

C. Rymer, RN